

(REFERENCE COPY - Not for submission)

## Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: 0000100783 | Submit Date: 2020-01-27 | FRN: 0009379074

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/27/2020

Filing Status: Active

### **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0009379074	Good News Radio

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2048 Orange	Redlands	CA	92374	+1 (951) 687- 5746	dawn@ksgn.
Tree Lane					

# 2. Contact Representative

Name	Organization
Donald Martin	Donald E. Martin, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 8433	Falls Church	VA	22041	+1 (703) 642-2344	dempc@prodigy.net

# 3. Application Filing Fee

Not Applicable

# 4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	ionship to stations/permits Licensee		
Is the Respondent's governing boindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No	

# (b) Provide the following information about this report: Purpose Biennial "As of" date 10/01/2019 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

# 5. Licensee(s) and Station(s)

Licensee/Permittee Name	FRN
Good News Radio	0009379074

Fac. ID No.	Call Sign	City	State	Service
35599	K204GG	BANNING	CA	FX
35600	KSGN	RIVERSIDE	CA	FM
35601	K209AK	PALM SPRINGS	CA	FX

### **Section II – Biennial Ownership Information**

### 1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	Internal	
Date of execution	08/2004	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Corporate organizational	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Internal	
Date of execution	07/2004	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other  Agreement Type: Corporate Organizational	

# 2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555. Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0009379074			
Entity Name	Good News Radio			
Address	РО Вох			
	Street 1	2048 Orange Tree Lane		
	Street 2			
	City	Redlands		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92374		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information				
FRN	0027300847			
Name	Phillip D. Orr			
Address	РО Вох			
	Street 1	1265 San Cristobol Drive		
	Street 2			
	City	Riverside		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92506		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			

Principal Profession or Occupation	Financial Consultant		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
	Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?		

FRN		
FKN	0027301159	
Name	Charles Keyes	
Address	PO Box	
	Street 1	10496 Hole Avenue
	Street 2	
	City	Riverside
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92505
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Barber	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender,	Citizenship	us
Ethnicity, and Race Information (Natural	Gender Male	
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	16.7%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%

Total assets (Equity Debt	0.0%	
Does interest holder have an attributable interest in one that do not appear on this report?	e or more broadcast stations	No

Ownership Information			
FRN	2130007376		
Name	Bobbie A. Mays		
Address	PO Box		
	Street 1	2420 Rolling Ridge	
	Street 2		
	City	Riverside	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92506	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have at that do not appear on this re	n attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	9990132887	
Name	Andrew Walcker	
Address	РО Вох	
	Street 1	2161 St. Lawrence Street
	Street 2	

	City	Riverside	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92504	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	(or other governing entity)	
Principal Profession or Occupation	Engineer		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Race White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	0027145366	
Name	Ernest Medina	
Address	PO Box	
	Street 1	26152 Wallack Place
	Street 2	
	City Loma Linda	
	State ("NA" if non-U.S. CA address)	
	Zip/Postal Code 92354	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Professor	

By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations No	

Ownership Information		
FRN	0027301191	
Name	John Thomas	
Address	PO Box	
	Street 1	12038 Canary Court
	Street 2	
	City	Grand Terrace
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92313
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Professor	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	Asian
Interest Percentages	Voting	16.7%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.  If "No," submit as an exhibit an explanation.	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

# 3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Respondent is a nonprofit corporation with a self-sustaining board. It has no sibling, parent or subsidiary entity.

### **Section III - Certification**

### Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Board Chair</b> Exact Legal Title or Name of Respondent: <b>Good News Radio</b> Name: <b>Charles Keyes</b> Phone: <b>9095832150</b> 01/27/2020